MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		II 9 USTAY BESTIMONOE GLOWED OF DEGUCER	
COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED.	TY Dorcheste:
CITY (If outside corporate limits, write RU	MARYLAND RAL and LENGTH OF STAY	Maryland Cook	Dorcheste
3 Town Give nearest town Cambridge	(in this place)	CITY (If outside corporate limits, write RURAL and a OR TOWN Cambridge	rive nearest town)
HOSPITAL OR		TOWN CAMDITIONS STREET (If rural, give location)	1-2
INSTITUTION OR STREET ADDRESSCAMBRIDGE	Md. Hospital	ADDRESS 20 Moores Avenue	
3. NAME OF (First) DECEASED	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)_
(Type or Print) WALTER		BENNETT OF April	1 1955
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If unde	r I year ilf under 24 hrs.
Male Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	June 4,1873 9. AGE last birthday If under Month	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wor	k 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired	Food Packing	St. Marys County, Md.	COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Unknown		Unknown	
15. WAS DECRASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or date		17. INFORMANT AND ADDRESS	
service) = = = = = =	- Unknown	Inez Opher, Cambridge, Ma	aryland
	18. MEDICAL CE		1
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1120.0	7	10 1	1
Immediate cause (a)	Corcinona	of prostate	1. year
1.4. 1.4.			
Antecedent cause(s) Diseases or conditions, if any, (b)	Cardine de	conjunation	13 mrs
giving rise to the above cause			***************************************
stating the underlying cause last	and an amade	while Hear Disease	7 years
(c) II. OTHER SIGNIFICANT CONDITIONS	anemorus		1
Conditions contributing to the death but not related to the disease or condition causing de	ath. Gangrene	1 M. foot	1 month
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION	0	20. AUTOPSY?
			Yes No D
SUICIDE	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m.	Work At work		
22. I hereby certify that I attended t	he deceased from ferm 3	1955, to apr. 1, 1955, that I last	saw the deceased
		a.m., from the causes and on the date s	
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
aiful R. maryon		136 Race V. Cambridge	4/1/15
23. BURIAL CREMATION DATE/THER		CRY OR CREMATORY LOCATION (City, town, or cou.	nty) (State)
REMOVAL (Specify) 4/5/19	55 Madison Cem		
	S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG / /	Jace Jo. m. D	Herbert M.St.Clair, Jr., Can	
T / Something	Jack 70.111.2	inor bor o men o o orarr , or e , Cal	intiage, Ma.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

APR 7 1955

BECEINED

3635MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIEI	C	AT	377	OT	DEA	THE
	1 /	A	1 2		1 1 1	

egr	Dist.	No	116

	THE OF DEATH Reg. DIS	st. No. // @.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
COUNTY Dorchester MARYLAND	STATE Maryland county Care	oline
CITY (If outside corporate limits, write RURAL or and give nearest town) Yown Cambridge LENGTH OF STA (in this place) 1 mo. 21 december 21 december 21 december 22 december 23 december 24 december 24 december 25 december 25 december 26 december	OR CITY(If outside corporate limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS EASTERN SHORE STATE HOSPITAL	STREET (If rural give location	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) Frederick	Birth OF DEATH: April	14 1955
Male White Widowed, Divorced. (Specify): Sep. 11-	9. AGE last birthday Months 21-1898 56 yrs.	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter	11. BIRTHPLACE (State or foreign country): 12 Pennsylvania	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Frederick Birth 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY NO.	Mary Renner	
(Yes, no, or unk.) (If Yes, give war or dates of service)	RECORDS: Eastern Shore Sta	te Hospital
18. MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH	ATION	ONSET AND DEATH
IMMEDIATE CAUSE	al Asthma	20 yrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) Hyperte	ension	over 1 mo.
STATING UNDERLYING CAUSE LAST. DUE TO	ry Thrombosis	15 minutes
(C) GOTONAT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	y Infomosolo	1) minuces
19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATI	ION	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	factory, 21c. WHERE DID (City or town) (Couling, etc. INJURY OCCUR?	inty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR While Not while at work at work	ED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from2-	-24 , 19 55, to4-14, 19 55, that I la	st saw the deceased
alive on 4-13, 1955., and that death occurred a	atl: 252 M, from the causes and on the date	
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEME	ETERY OR CREMATORY LOCATION (City, town,	r county State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR, 4-55 John Mace, Ja. M.	D. W. Terampton Carroll,	EBSTON, M

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

S. A15 — 10 - 53

BECEINED

BUREAU V. S.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Dorchester MARYLAND	stateMaryland county Dorch	nester
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN(Ural Cambridge	CITY (If outside corporate limits write RURAL and OR TOWN East New Market	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lgypt Road	STREET (If rural, give location) ADDRESS	1
3. NAME OF (First) (Middle)	rannock 4. DATE (Month) (Day of DEATH April ((Year) 9, 19 55
male negro WIDOWED, DIVORCED, (Specify): single Sept	E OF BIRTII: 9. AGE last birthday: IF UNDER I Y Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer 10b. KIND OF BUSINESS OF INDUSTRY: general labor	Maryland	CITIZEN OF WHAT COUNTRY?
Rufus Brannock	Mary F. Travers	
(Vos no or unk A (If Vos give wer or dates of	17. INFORMANT & ADDRESS: Margie Ennals, Cambridge, Mar	yland
i. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (a) Intra cranial in DUE TO	jury	INTERVAL BETWEEN ONSET AND DEATH 30 min.
Antecedent cause(s) Diseases or conditions, if any, glving rise to the above cause DUE TO stating underlying cause last (c)	ture frontal bone	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No.
PRIMARY IN OR CONTRIBUTING OF Street, office bldg., etc INJURY LEYD T ROS	nr. Cambridge, Dorcheste	(State) er Maryland
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work A work	Car overturned and pinned	
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes [, Accisionature]	dent 🔼, Suicide 🗌, Homicide 🗍, Inspection 🗍, dent 🔼, Suicide 📋, Homicide 🗍, Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	Inquiry [], and mined cause []. DATE SIGNED 4-11-55
		10 10
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): April 13 1055 Taylor DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		2.7

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

BECEIVED

BUREAU V. E.

363 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE DEATH No. 1/6 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Dorchester STATE Maryland COUNTY Dorchester COUNTY MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits write RURAL and give nearest town) Y TOWN (Rural) Cambridge (In this place) TOWN Cambridge HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS STREET ADDRESS R.F.D. 3. NAME OF (Middle) (Last) (First) 4. DATE (Day) (Month) (Year) DECEASED: HOWARD WINFIELD CHESTER (Type or Print) DEATH April 19 55 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. RACE: (Specify Married Male 1897 Married April
10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT IOa. USUAL OCCUPATION (Give kind of INDUSTRY: work done during most of work life, even if retired): Laborer Dorchester County, Md. Food Packing 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Robert Chester Harriett Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO .: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) | (If Yes, give war or dates of Sarah F. Chester, Cordtown, Dor. Co., Md. 164-05-8741 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Immediate cause min. (a) Coronary occlusion Antecedent cause(s) Diseases or conditions, if any, (b) ... giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No No 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, 21c. (City or town) (County) (State) street, office bldg., etc., INJURY 2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? Not while INJURY work [at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident | , Suicide | , Homicide | , Undetermined cause | . CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE DATE SIGNED 23. BURIAE, CREMATION, REMOVAL (Specify): Burial NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Cordtown, Dor. Co., Maryland Cordtown Cemetery

24. FUNERAL DIRECTOR DATE REC'D BY LOCAL Herbert M.St.Clair, Jr., Cambridge, Md. 15-55 John Mace

S561 81 99A

BECEINED

	MA
/	
	I
	5

0

DATE REC'D BY LOCAL

4-11-55

REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 CERTIFICATE OF DEATH Reg. Dist. No. //6 carefully. legibly. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED Dorchester STATE Maryland COUNTY COUNTY MARYLAND CITY (If outside corporate limits, write RURAL| LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and and give nearest town) (in this place) OR item of information TOWN TOWN 19 years Cambridge Cambrid ge HOSPITAL OR STREET (If rural give location) clearly INSTITUTION OR ADDRESS STREET ADDRESS 17 Logust Street 17 Locust Street (Middle) (Last) 4. DATE (Month) 3. NAME OF death DECEASED: ESTHER SMULOWITZ FELDMAN April (Type or Print) DEATH: SINGLE, MARRIED, 5. SEX: 6. COLOR OR | 7. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR RACE: WIDOWED, DIVORCED. Jo Months (Specify): 12-17-94 60 female white every 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY: even if retired): Coatsville, Pennsylvania own home housewife Supply 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Isaac Smulowitz Hanna Myers 17. INFORMANT & ADDRESS: 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates 220-12-0289 Mr. Irwin Feldman, Cambridge, Maryland no of service) 18. MEDICAL CERTIFICATION ADING DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Uremia (A) DUE TO ANTECEDENT CAUSE (S) Secondary anemia (severe DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO (From Cancer STATING UNDERLYING CAUSE LAST. Generalized Carcinomatosis of rt. breast) M (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PLAINLY, TO THE DEATH BUT NOT RELATED TO THE Parkinson's Sundromy DISEASE OR CONDITION CAUSING DEATH 19A DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION Radical of right breast for cancer on right breast especially 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? WRITE (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21p. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? Not while OF INJURY at work OR 22. I hereby certify that I attended the deceased from 8-17 , 1951, to 4-11 , 1955, that I last saw the deceased . 1955 , and that death occurred at 12:55 M, from the causes and on the date stated above. TYPE alive on SIGNATURE M. D. Cambridge, Maryland SE 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) REMOVAL (SPECIFY) d PLE! Hebrew Friendship Baltimore, Maryland

REGISTRAR'S SIGNATURE

Tolen mace In mi

03614

(Year)

1955

IF UNDER 24 HRS.

Hours !

ONSET AND DEATH 1 Month

3 Months

Approx.

8 Months

4 Years

20. YES [

ADDRESS

(County)

24. FUNERAL DIRECTOR

Jack Lewis, Baltimore, Maryland

AUTOPSY?

(State)

NO X

(State)

COUNTRY?

U.S.A.

Dorchester

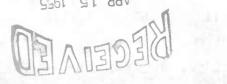
(Day)

11

FilmG180 4-15-55 Two for one certificate



APR 15 1955



3624 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

THE STATE OF THE S	WILL O CHIL	ZZZ Z CZZZZ	OI DIMILIA	210
1. PLACE OF DEATH:		2. USUAL RESIDENCE	E (HOME) OF DECEASED:	
county Dorchester	MARYLAND	_ state Marylar	nd county Dorche	ster
CITY (If outside corporate limits, write RURA OR and give nearest town) TOWN Cambridge	LENGTH OF STAY (in this place) 3 day S	CITY (If outside co	orporate limits write RURAL a	nd give nearest town)
HOSPITAL OR INSTITUTION OR Cambridge Mary.	land Hospital	STREET	(If rural, give location ow Avenue)
3. NAME OF (First) DECEASED: (Type or Print) ROBERT	(Middle) KENNEL GOO	(Last))TEE	OF	ay) (Year) 5 1955
5. SEX: 6. COLOR OR 7. SINGLE WIDOW (Specify)	MARRIED, 8. DATI ED. DIVORCED, 12-7-	e of birth: 9.	AGE last birthday: IF UNDER I	YEAR IF UNDER 24 HRS Days Hours Min.
work done during most of work life,	b. KIND OF BUSINESS OF INDUSTRY: hirt Factory	R 11. BIRTHPLACE Maryland	(,,,,	2. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:		14. MOTHER'S MAID	EN NAME:	
John W. Gootee		Martha S. S	Sellers	
15. Was Deceased Ever In U.S. Armed Forces? [Yes, no, or unk.) [If Yes, give war or dates of]	6. SOCIAL SECURITY No.:	17. INFORMANT & AD	DRESS:	
	not known	William C. Go	ootee : Cambridge,	Maryland
	18. MEDIC	AL CERTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEA	DING TO DEATH:			ONSET AND DEATH
Immediate cause (a)	erebral Thron	nbosis		3 days
Antecedent cause(s)				
giving rise to the above cause DUE TO				
II. OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEAT	TO THE			
19a. DATE OF OPERATION: 19b. MAJOR FIN			.	20. AUTOPSY? Yes ☑ No □
PRIMARY or CONTRIBUTING OF	ACE (Home, farm, factory street, office bldg., etc. JURY		(County)	(State)
	e. INJURY OCCURRED While at Not while work at work	21f. HOW DID IN.	JURY OCCUR?	
22. I hereby certify that I took charge				
find that death resulted from: Nat SIGNATURE		CHIEF	MEDICAL EXAMINER A	ermined cause DATE SIGNED
THE PARTY OF THE P	John Mace		ANT MEDICAL EXAM.	+
23. BURIAL, CREMATION, DATE THEREOR REMOVAL (Specify):		RY OR CREMATORY	LOCATION (City, town, or	
Burial 4-18-1955 DATE REC'D BY LOCAL DEGISTRAR'S SI		emorial Park	Cambridge, Maryl	ADDRESS
REG./	ace fr. m.a.	LeCompte H	Tuneral Service	ADDIGEOG
		- Cambridge,	Maryland	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information catefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

-5-53

VS. A15A

APR 20 1955

BECEINED



_TNM2T=C0 = f= to	E OF DEATH Reg. Dist. No	Ja
1. PLACE OF DEATH- COUNTY Orchister MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	wor.
CITY (If outside corporate limits, write BURAL and LENGTH OF STAY OR give nearest town) (in this place).	CITY (It outside corporate limits, write RURAL and giv OR TOWN	re nearest town)
HOSPITAL OR INSTITUTION OR OSTREET ADDRESS	STREET (If rural, give location)	1
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH	(Day) (Year)
Pemale Thie Trace 7. SENOLE, MARRIED, WILDWED, DIVORCIND,	8. DATE OF BIRTH 9. AGE last birthday If under. Months.	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	IL BIRTHPLACE (State or foreign country) 12	COUNTRY! OF WHAT
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	<i></i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service)	17 INFORMANT AND ADDRESS WELL &	elliott. My
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS	at failure. Intular, belitures an gin suren c	ONSET AND DEATE
Conditions contributing to the death but not related to the disease or condition causing death. Marked Ceres	had Elice y	A A A A A A A A A A A A A A A A A A A
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes □ No □
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	ADDRESS ADDRESS ALL M., from the causes and on the date st ADDRESS ALL M. 4.	ated above. DATE SIGNED
BEMOVAL (Specify) 4/6/55 RANTE OF CENTER OF CE	Market Cast lew Ma	ADDRESS
REG. Of D. O. L. C. A. L. C. A. L. C. C. A. L. C. C. A. L. C. C. A. L. C.	With S. Willoughb	U D

DECENED

2361 9 A9A

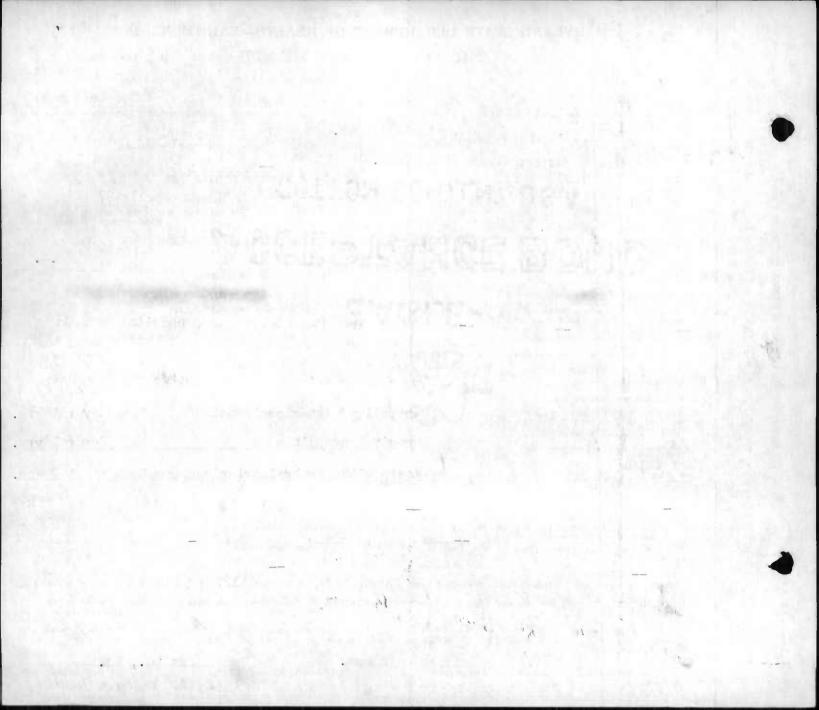
BUREAU V. S.

PLEASE TYPE OR WINTE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

1	
(
6	
	1
10 - 53	
A15 -	
VS.	

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Dorchster MARYLAND	STATE Maryland COUNTY DOT	chester
CITY (If outside corporate limits, write RURAL of STAY) OR and give nearest town) Town Cambridge, LENGTH OF STAY (in this place) 1 mth and 3	STATE COUNTY	
Hospital or institution or street address Eastern Shore State Hosp.	STREET (If rural give location	/
(Type or Print)	imes OF April	(Year) 27 19 55
DAGE WILDOWED DIVORCED	-1881 9. AGE last birthday Frunces (Months)	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	Virginia	COUNTRY? U.S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Samuel Grim	Emily Sherman	(FE)
(Yes, no, or unk.) (If Yes, give war or dates of service) ————————————————————————————————————	Eastern Shore State Hospital	Records
18. MEDICAL CERTIFICATE I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ### ### ############################	oneumonia	onset and death
ANTECEDENT CAUSE (S)	ized Arteriosclerosis	Several yrs
(c) Chronic	Myocarditis	Several yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH. PSychosis W		_about 2 yrs
198. MAJOR FINDINGS OF OPERATIO		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (Cour., etc. INJURY OCCUR?	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Marchalive on April 27, 19, 55 and that death occurred at	t3:23P.M, from the causes and on the date	
SIGNATURE Robert H. Keddick	M. D. Cambridge Ms. 4	427/55



A15A - 5 - 53

VS.

3625 ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ICAL EXAMINER'S CERTIFICATE OF D

03618.

MEDICAL EXAMI	NER'S CER	ITFICATE	OF DEAT	EL No
I. PLACE OF DEATH:		2. USUAL RESIDENCE	(HOME) OF DECEASED	:
COUNTY Dorchester	MARYLAND	STATE Maryla	nd county Dorch	nester
CITY (If outside corporate limits, write RU OR and give perest town)	RAL LENGTH OF STAY 2 (in this place)	CITY (If outside cor OR TOWN Cambri	porate limits write RURA	L and give nearest town)
HOSPITAL OR CAMBRIDGE -	Maryland Hospita	STREET ADDRESS 701 Ra	(If rural, give loca	tion)
3. NAME OF (First)	(Middle)	(Last)	DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) Edna	L.	Hinman	OF DEATH April	9 19 55
Female White Specific	web, bivorceb, Widowed April	1 23, 1892	62 yrs. Month	
work done during most of work life,	10b. KIND OF BUSINESS OF INDUSTRY: Convalescent Home	Millington,	State or foreign country) Maryland	U.S.A.
13. FATHER'S NAME:		14. MOTHER'S MAIDER	NAME:	
Harry Dulin		Dora Duling		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		17. INFORMANT & ADD William W. VanS		ryland
		AL CERTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY L		lugion		ONSET AND DEATH
Immediate cause (a)	Coronary o	CCIUSION		2 hrs.
Antecedent cause(s)				
Diseases or conditions, if any, (b)		9		
giving rise to the above cause DUE TO stating underlying cause last				
II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEA	TO THE			
19a. DATE OF OPERATION: 19b. MAJOR I				20. AUTOPSY?
		463		Yes No No
PRIMARY or CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		(County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While at Not while work at work	21f. HOW DID INJU	JRY OCCURY	
22. I hereby certify that I took charg				
find that death resulted from: N	atural causes 🖺 , Accid	CHIEF M DEPUTY	Homicide [], Un EDICAL EXAMINER MEDICAL EXAMINER IT MEDICAL EXAM.	DATE SIGNED
23. BURIAL CREMATION, DATE THERE REMOVAL (Specify):			LOCATION (City, town,	
Burial April 13,	SIGNATURE MILLINGTO	m Cemetery	Millington, Md	ADDRESS
REG. /			J C Todama	

CECETYED 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Post Diet No.

Male Negro Videore Discourse of the country of th	Item 7. Film	G181 5-3-55 et			neg. Dist. I	
TOWN Cambridge HOSPITAL OR INSTITUTION OR STREET TOWN Cambridge HOSPITAL OR INSTITUTION OR STREET TOWN Cambridge Town Cambridg	I. PLACE OF DEAT	H.			IOME) OF DECEASED.	712
TOWN Cambridge HOSPITAL OR INSTITUTION OR STREET TOWN Cambridge HOSPITAL OR INSTITUTION OR STREET TOWN Cambridge Town Cambridg	COUNTY	Dorchester	MARYLAND	Maryla:	nd Count	rchester
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Hubbard Street ADDRESS 6	CITY (If outside of	corporate limits, write RUR		OR -	ite limits, write RURAL and g	iva nearest town)
3. NAME OF DECEASED (First) William Jackson Jean (Month) (Day) (Year) (Page of Print) William Jackson Jackson Death April 19 195 (Sex Sex 6. COLOR OR RACE (Type of Print) William Jackson Jac	HOSPITAL OR INSTITUTION O	R 2/ TT 13	rd Street	STREET	(If rural give location)	1
DECASED OF Print: William (Type or Print: William OF OF Print: William OF OF Print: William OF OF Print: William OF O			(Middle)			(Day) (Year)
Male Negro (Specify) a tried (State of foreign country) (Specify) and tried (State of Specify) (Specify) and tried (State of Specify) (Specify) (Spec	(Type or Print)		A STAGE WERDING	Jackson	OF DEATH April	19 1955
Country Coun			WIDOWED, DIVORCED,		40 Months	Days Hours Min.
Josephine Joshua Is. Was Decreased Ever in U.S. Armed Forcest (Yes, no, or unknown) (If year, give war or dates of no nunknown) (If year, give war or dates of no nunknown) (If year, give war or dates of nunk. Is. MEDICAL CERTIFICATION Intereval Between Onset and Death Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death that death. Is. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) (Specify) (Specify) (Finding the following the following the following the following to the death and possible the following the following the following the following the following to the death and possible the deceased following the following to the death but death. 22. AUTOPSYIT Yes No CITY OR TOWN) (COUNTY) (STATE) TIME (Month) (Day) (Year) (Hour) (NJURY OCCURRED) OF (Month) (Day) (Year) (Hour) (NJURY OCCURRED) OF (NJURY) (STATE) (STATE) 22. I hereby certify that I attended the deceased from NOV. 15, 19.54, to Apr. 19., 19.55 that I last saw the deceased alive on Apr. 11. 19. 19.55 and that death occurred at 11. D.m., from the causes and on the date stated above. Date signed J. EDWIN FASSETT, M. D227 Pine St-Cambridge, MdApr. 1. 22. 1959	done during most of	PATION (Give kind of work working lifa, aven if retired)	10b. KIND OF BUSINESS OR	Maryland		COUNTRYUS A
15. Was Decreased Ever IN U.S. Armed Forcess (Yes, no. or unknown) (Hyear, give war or dates of no unknown) (Hyear, give war or dates of no unknown) (Hyear, give war or dates of no unk. 18. MEDICAL CERTIFICATION 19. Dates or conditions, if any, giving rise to tha above cause stating that underlying causa last (a). 10. OTHER SIGNIFICANT CONDITIONS 11. OTHER SIGNIFICANT CONDITIONS 12. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY 19. DATE OF OPERATION (Page 1) (Specify) PLACE (Home, farm, factory, street, Month) (Day) (Year) (Hour) While at Not While Not While Not While At work 20. AUTOPSYT (STATE) 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, Month) (Day) (Year) (Hour) While at Not While At work 22. I hereby certify that I attended the deceased from Nov. 15. 19.54, to Apr. 19.55 that I last saw the deceased alive on Apr. 11. 19. 19.55 and that death occurred at 11	13. FATHER'S NAM	AE .		14. MOTHER'S MAIDEN	NAME	
15. Was Decreased Ever IN U.S. Armed Forcess (Yes, no. or unknown) (Hyear, give war or dates of no unknown) (Hyear, give war or dates of no unknown) (Hyear, give war or dates of no unk. 18. MEDICAL CERTIFICATION 19. Dates or conditions, if any, giving rise to tha above cause stating that underlying causa last (a). 10. OTHER SIGNIFICANT CONDITIONS 11. OTHER SIGNIFICANT CONDITIONS 12. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY 19. DATE OF OPERATION (Page 1) (Specify) PLACE (Home, farm, factory, street, Month) (Day) (Year) (Hour) While at Not While Not While Not While At work 20. AUTOPSYT (STATE) 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, Month) (Day) (Year) (Hour) While at Not While At work 22. I hereby certify that I attended the deceased from Nov. 15. 19.54, to Apr. 19.55 that I last saw the deceased alive on Apr. 11. 19. 19.55 and that death occurred at 11	Same			Josephine	Joshua	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Cardiac Decompensation Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last Conditions contributing to the destablut not related to the disease or condition causing death. 19a. DATE OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not While HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not While At work 1						
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Antecedent cause			"l unk.	Mable Light	, Cambridge, I	Maryland
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 21. ACCIDENT (Specify) PLACE (Home, fsrm, factory, street, OF office hidg., etc.) INJURY OF office hidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Not Work At work 22. I hereby certify that I attended the deceased from NOV. 15., 19.54, to Apr. 19.55 that I last saw the deceased alive on Apr. 11. 19.19.55 and that death occurred at 11	Diseases or giving rise t	conditions, if any, (b)to tha above cause	Hypertensive A	rteriosclerot	ic heart disea	180
21. ACCIDENT SUICIDE OF office hidg., etc.) PLACE (Home, fsrm, factory, street, OF office hidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from NOV. 15, 19.54, to Apr. 19.55 that I last saw the deceased alive on Apr. 11. 19.19.55 and that death occurred at 11	Conditions contrib	uting to the death hut not	ch.			
21. ACCIDENT SUICIDE OF office hidg., etc.) SUICIDE OF office hidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from NOV 15, 19.54, to Apr. 19.55 that I last saw the deceased alive on Apr. 11. 19.19.55 and that death occurred at 11	19a. DATE OF OPE	ERATION 19h. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While at Not While At work 22. I hereby certify that I attended the deceased from NOV. 15, 19.54, to Apr. 19.55 that I last saw the deceased alive on Apr. 11. 19.19.55 and that death occurred at 11						Yes No
22. I hereby certify that I attended the deceased from NOV 15, 19.54, to Apr. 19.55 that I last saw the deceased alive on Apr. 11. 19.55 and that death occurred at 11	SUICIDE	OF	office hldg., etc.)	(CITY OR T	OWN) (COUNTY	(STATE)
alive on April 19.19.55 and that death occurred at 11 P.m., from the causes and on the date stated above. SIGNATURE J. EDWIN FASSETT M.D227 Pine St-Cambridge. MdApril 22.1959	OF		While at Not While	HOW DID INJURY OCC	CUR?	
REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2. FUNERAL DIRECTOR ADDRESS	alive on ADI SIGNATURE 23. BURIAL, CREM REMOVAL (Spe	J. EDWIN FA	d that death occurred at Degree or title) ASSETT, M.D227 NAME OF CEMETE.	P.m., from the ADDRESS Pine St-Camb: RY OR CREMATORY	causes and on the date s	tated above. DATE SIGNED 11 22,1955 nty) (State)
apre 25, 1955 Jal Mace M. D. Barpheman Jame 222 Celas	- DEC			Barhalina	a famo	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

BECEINED

BUREAU V. S.

8991 88 A9A

)ii	MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH No. 1/0					
0	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:					
F F	COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorchester					
carefully.	CITY (If outside corporate limits, write RURAL OR and give paarest town) Line this place)	CITY (If outside corporate limits write RURAL and give nearest OR TOWN Rhodesdale	town)				
	HOSPITAL OR INSTITUTION OR STREET ADDRESS Randows Parts = 331	STREET (If rural, give location) ADDRESS	1				
information leath clearly		(Last) 4. DATE (Month) (Day) (Year) OF DEATH April 23 1955					
f infor death	Male RACE: WIDOWED, DIVORCED, (Specify): Single May	TE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 10,1918 36 yrs. Months Days Hours	Min.				
of	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Day Laborer 10b. KIND OF BUSINESS INDUSTRY:	Dorchester Co., Maryland U.S.A.	F WHAT				
y it	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:					
y every iter the causes	Levin Stenley	Sadie Johnson					
y ev the	15. WAS DECEASEO EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	7.7				
Supply write th	No service) Unknown	Emily Washington, Federalsburg, Md., R.H.	5 De				
INK. please	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	CAL CERTIFICATION INTERVAL I ONSET AND April					
NG.	Antecedent cause(s) Diseases or conditions if any (b) Fracture & Carvical Spring						
ADI	giving rise to the above cause DUE TO						
UNFADING.	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Earl hime. Acuts alcoholising & Lange 115 hu	ii.				
Y, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	200 11010	PSY?				
ILY, imp	21a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF Street, office bldg., et INJURY	te., Hadesdails Joselette Med.					
perially pecially	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while, INJURY 4 23 35 7.45 % 13.						
a o	22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , ar find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause						
WRITI ge is e	signature	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. 54-24-5					
ASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI REMOVAL (Specify): April 26, 1955 Saul Land	ding Cemetery Near Vienna, Maryland	State)				
PLE	DATE REC'D BY LOCAL RECETRAR'S SIGNATURE FORLINGS	J.J. Framptom and Son, Federalsburg, Md.					

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

ect

M

SSEL SI YAM

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No.//.2
				the same of the same of the same	X 10.0.0

1. PLACE OF DEATH:				ICE (HOME) OF DECEASED	
COUNTY Dorch	nester	MARYLAND	STATE Mary	land county Dor	chester
CITY (If outside corpora OR and give nearest to TOWN Vienn	wn)	LENGTH OF STAY	OD.	corporate limits write RURA 18nna	L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS OF	boat in Na	anicoke River	STREET ADDRESS	(If rural, give loca	ution) /
3. NAME OF (DECEASED: (Type or Print)	First) William	O CALLED D	(Last) Jones	4. DATE (Month) OF DEATH Apri	
male 6. Color RACE:	WIDOWE (Specify):	married 3//	2/1879	9. AGE last birthday: IF UN 76 yrs. Month	hs Days Hours Min.
work done during more	(Give kind of 19b. it of work life,	KIND OF BUSINESS OF	& Ving	E (State or foreign country)	OUNTRY:
13. FATHER'S NAME:	am Jal	nes	Jarah	DEN NAME:	
15. WAS DECEASED EVER IN (Yes, no, or unk.) (If Yes, g service)	U.S. ARMED FORCES? 16	. SOCIAL SECURITY No.:	Mis Hel	ian Jones	So Vinne
I. DISEASES OR CONDITION Immediate cause Antecedent cause(s Diseases or conditions,	(a) DUE TO)	oing to death: Coronary occ	lusion		Interval Betwee Onset and Deati 5 min.
giving rise to the above stating underlying cau II. OTHER SIGNIFICANT	se last (c) CONDITIONS CONTRI	BUTING			
TO THE DEATH BU'	r NOT RELATED T ON CAUSING DEATH	O THE			
19a. DATE OF OPERATIO					20. AUTOPSY? Yes □ No 💆
21a. EXTERNAL CAUSE V PRIMARY [] or CONTRIL CAUSE OF DEATH.	BUTING 🗆 OF	CE (Home, farm, factory street, office bldg., etc. URY	•		(State)
2Id. TIME (Month) (Day) OF INJURY	,	INJURY OCCURRED While at Not wbile work □ at work □	21f. HOW DID	INJURY OCCUR?	
22. I hereby certify the find that death results SIGNATURE	nat I took charge coulted from: Natu	of the remains describeral causes K, Accid	lent [], Suicide CHIE	n Autopsy □, Inspectio □, Homicide □, Un F MEDICAL EXAMINER TANT MEDICAL EXAM. TANT MEDICAL EXAM.	n , Inquiry , andetermined cause DATE SIGNED
23 BURIAL, CREMATION REMOVAL (Specify): DATE REC'D BY LOCAL REG.		NAME OF CEMETER A NATURE		LOCATION (City town,	ADDRESS
			Gast	new marke	t, set

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS. A15A - 5 - 53

1955 G 1955

BECEIVED

- Hyer it

VS. A15A - 5 - 53

3627				
MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE, 18

()3621 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MINDICAL MARKETANIA & CALL	TATE TOTAL OF TOTAL	110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Dorchester MARYLAND	state Maryland count Dorchest	er
CITY (If outside corporate limits, write RURAL OR and give nearest town) 3 TOWN Cambridge LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Cambridge	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESSHigh Street	STREET (If rural, give location) ADDRESS Leonard Lane	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Isabella K.	iah 4. DATE (Month) (Day	7, 19 55
female negro widowep, bivorced, (Specify)Married 9-22		ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer 10b. KIND OF BUSINESS (INDUSTRY: general	Dorchester Co., Md.	CITIZEN OF WHAT COUNTRY? US A
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John W. Todd	Susanna Travers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of no service) 218-20-2757	Luther Kiah, Leonard Lane	Cambridge
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	CAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	rnage	1 hr.
giving rise to the above cause DUE TO stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes X No
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., et INJURY	e.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work at work		
22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes E, Acc SIGNATURE John Mace,	ident [], Suicide [], Homicide [], Undeter CHIEF MEDICAL EXAMINER [] DEPUTY MEDICAL EXAMINER [X]	, Inquiry [], and rmined cause [] DATE SIGNED 4-30-55
Burial H-30-55 Rock Cemer	tery Rock, Maryl	and
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 4-30-55 John Mace, m.D.	Herbert M. St. Clair, Camb	ridge Md.

2301 G YAM

BECEINED

3642

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. //O

	KIII IOZI I	E OF DEAT	II Re	eg. Dist. No/.	
I. PLACE OF DEATH. COUNTY County Dorches	MARYLAND	2. USUAL RESIDENCE (STATE VICAME	a , 0	locoma	ck
CITY (If outside corporate limits, write RURAL and OR gly Dearest town) TOWN Fundamental Federal Survey	(in this place)	OR TOWN ME	ela		83X-3
HOSPITAL OR OINSTITUTION OR STREET ADDRESS	0	STREET ADDRESS	(If rural glv	e location)	1
(Type or Print) Charles Se	(Middle)	Lane	4. DATE OF DEATH	4 9	(Year) 1955
// WIDO	GLE, MARRIED, WED, DIVORCED, cify)	8. DATE OF BIRTH Oct. 27.1875		Months Da	ys Hours Min.
done during most of working life, even if retired) INDUS	IND OF BUSINESS OR	11. BIRTHPLACE (State,	Nia		NTRY? USA
13. FATHER'S NAME S. Lave		14. MOTHER'S MAIDEN	tta X	ellem	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or nyknown) (If year, give war or dates of service)	ocial Security No.	SON - C	harles d	. Lave	
1. DISEASES OR CONDITIONS DIRECTLY LEADIN	18. MEDICAL CE	RTIFICATION	4.		TERVAL BETWEEN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	érioscleri	otic Cardio ra r of esopha		Disease	10 yr.
19a. DATE OF OPERATION 19b. MAJOR FINDING	S OF OPERATION				AUTOPSY?
	e, farm, factory, street, ildg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJUR OF INJURY m. Work	Y OCCURRED t Not While At work	HOW DID INJURY OF	CCUR?		and the second s
Robert Ci Kings	death occurred at (Degree or title)	7: 50 Pm., from the ADDRESS		the date stated	
BURIAL, CREMATION DATE REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNAT REG.	net. Hol	FUNERAL DIRECT	Onano	Nock,	Va.
4-14-11001Comm x	- cerung	williams	Plan	e 697	mancoc

VS. A15

DECEIVED PES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03623

CERTIFICATE OF DEATH

Reg. Dist. No. 116

I. PLACE OF DE	ATII:			2. USUAL RESI	DENCE (HOME)	OF DECEASED:		
COUNTY	Dorche	ster	MARYLAND	STATE I	Maryland	coul	NTY Dor	
OR and give	le corporate lim nearest town)	its, write RURAL	LENGTH OF STAY (in this place)	OR	side corporate limi	ts, write RURAL a	and give neares	t town)
TOWN	Cambri	dge		1	Madison		`	<u> </u>
INSTITUTION STREET ADDR		uglas Str	eet	STREET ADDRESS	(II	rural give location		1
3. NAME OF	(First)		iddle)	(Last)	4. DATE	(Month) (Da	y) (Year)	
DECEASED: (Type or Print)	Annie		L.	Lee	OF DEATH:	April	9 19 5	55
5. SEX: S.	COLOR OR	7. SINGLE, MAR		OF BIRTH:	9. AGE iast bir	thday: if UNDER I		
	RACE: Negro	WIDOWED, DI (Specify):	Widowed Apr	-2-1889	66	yrs. Months I	ays Hours	Min.
IOa. USUAL OCCU	PATIONGive		ND OF BUSINESS OF	R II. BIRTHPLA	CE (State or forei	gn country): I2.	CITIZEN OF COUNTRY?	WHAT
work done duri even if retired	e Labore	r Foo	od Packing	Dorches	ster-Coun		USA	
13. FATHER'S NAI		1 200	The American	14. MOTHER'S M	AIDEN NAME:			
James H.	Kaana			Dorothy	Cann			
15 WAS DECEASED F	VER IN U.S. ARME		IAL SECURITY No.: 17.	INFORMANT &	ADDRESS:			
(Yes, no, or unk.)	If Yes, give war (ervice)		0-01-9132	Hattie Le	o Modifical	o Ma		
			EDICAL CERTIFICATI		He - Maurison	19 1111 9	1	
I. DISEASES OR	CONDITIONS						Interval Onset Ar	
11200	CONDITIONS						1 -	
Immediate	ause	(a)	Cardiac De	compensat	ion		5 mo	3
		DUE TO						
Antecedent	causes(s) nditions, if any	. a Ar	teriosclero	tic Heart	Disease			
giving rise to	the above cause	Drin mo						
stating the un	derlying cause la							
II. OTHER SIGNI	FICANT CONDI	(c) FIONS					1	
Conditions cont	ributing to the d							
			NGS OF OPERATION				20. AUT	OPSY ?
							Yes 🗌	No 🗆
2I. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Hom OF office INJURY	e, farm, factory, street bldg., etc.)	(CITY OR TO	OWN)	COUNTY)	STATE)	
TIME (Month)	(Day) (Year)	(Hour) INJUI While		HOW DID INJ	URY OCCUR?			
INJURY		m. Work	_ At Work _		1 100		17 7	
			ased from 9 Nov					
alive on9.	Apr , 185	(Degree	eath occurred at		ADDRESS	D	ATE SIGNED	
vice	unjac	J. EI	WIN FASSET	r,M.D22	7 Pine St.	-Camb., Md	Apr-1	2-5
23. BURAL, CRE REMOVAL (S BUP121		TE THEREOF	NAME OF CEMETE	RY OR CREMATO	RY LOCATION	ison. Mar	ounty) (Si	tate)
DATE REC'D B	Y LOCAL REC	/12/55 SISTRAR'S SIGNA	TURE	24 FUNERAL DI	RECTOR		ADDRESS	
REGISTRAR		l m	Lim D	Herbert 1	M. StClai	r.Jr. Hig	h St-Ca	mb-l



INK.

UNFADING

WITH

AINLY

WRITE PL is especially

OR age

TYPE

PLEASE

correct

important. Physicians:

The

Tter I. PL

> CC OF

> IN

3. NA DE (T 5. SE

Ma. U W.O

15. WAS

(Yes, 1

I DI

DISE.

GIVIN

II OT TO DIS

19A. D

eve 13. F

Supply every item of information carefully.

please write the causes of death clearly and legibly

3628 MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18 (13624
8. FilmGl8l 5-4-55 et CERTIFICATE	E OF DEATH Reg. Dist.	No. 116
ACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
Mm Oat	D.	
UNTY TO COURSE MARYLAND	STATE Maryla COUNTY JO	rousless
TY (If outside corporate limits, write RURAL) LENGTH OF STAY (in this place)	CITY(If outside corporate binits, write RURAL at	nd give nearest town)
WN Caraladad all lie	TOWN Complex del -	-2 N 13
OSPITAL OR	STREET (If rural give location)	VIII.
STITUTION OR REET ADDRESS	ADDRESS	
10 formount our	farmount and	
		(Year)
CEASED: ype or Print)	(Lee) DEATH DEATH & ST. R.	195-
X: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE		EAR IF UNDER ET HRB.
RACE: WIDOWED, DIVORCED.	Months D	nys Hours Min.
SUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS	3/ 1/5/9/ O yes / 6	
k done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
n if retired):	Lengo Brass. d	ter -
THER'S NAME:	14. MOTHER'S MAIDEN NAME:	
C.0 6 600		
DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
o, or unk.) (If Yes, give war or dates	II. INFORMATI & ADDRESS:	
of service)	aception while	40
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
SEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
0×		/ /
IMMEDIATE CAUSE (A) HOWEVER	ire	Orth
INTECEDENT CAUSE (S)		
ASES OR CONDITIONS, IF ANY. (B)		
IG RISE TO THE ABOVE CAUSE DUE TO		
ING UNDERLYING CAUSE LAST.	1. A. M.	2
HER SIGNIFICANT CONDITIONS CONTRIBUTING	o olsastray	
THE DEATH BUT NOT RELATED TO THE	//	
EASE OR CONDITION CAUSING DEATH.	<u> </u>	
ATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
CCIDENT WAS UNDERLYING [] 218. PLACE (Home, farm, fact	ory. 21c. WHERE DID (City or town) (Count.	y) (State)
NTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., HER, NOTIFY MEDICAL EXAMINER)		, (Diate)

21A. A (IF EIT 21E INJURY OCCURRED
While Not while at work at work 21D. TIME (Month) (Day) (Year) OF INJURY 21F. HOW DID INJURY OCCUR? (Hour)

1955. 19.5 J, that I last saw the deceased 22. I hereby certify that I attended the deceased from to M, from the causes and on the date stated above.

ADDRESS

DATE SIGNED alive on SIGNATURE and that death occurred at M. D. Com

23. BURIAL, CREMATION DATE THEREOF CEMETERY CREMATORY LOCATION (City, town, (State) NAME OF OR or county) REMOVAL (SPECIFY) DATE REC'D REGISTRAR BY LOCAL FUNERAL AUDRESS REGISTRAR

DECEIN

APR 15 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

	MILLERO A SALAR	DELLE	221 11111111111111111111111111111111111	_ 01	ALLES AND A AL	AVARIATE I	THE CALLY,	10	
TA ALT	TANTOR	TAVANA	TATADIS	CTAT	DIRECTAL	A FINTS	OTA	TATA	

MINDICIAL BIRTHINING OFFICE	THICHIE OF DEATH	NO
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Cecil	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cambridge LENGTH OF STAY (in this place)	OR	give nearest town)
HOSPITAL OR II das. INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital	STREET (If rural, give location)	1
NAME OF (First) (Middle) DECEASED: (Type or Print) Rebecca MCC	Cellan 4. DATE (Month) (Day)	(Year) 19 55
PACE. WIDOWED DIVORCED	E OF BIRTH: 9. AGE last birthday: IF UNDER I Y Months Da	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): housewalfe		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Hiram Pleasington	14. MOTHER'S MAIDEN NAME: Elizabeth George	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ————————————————————————————————————	17. INFORMANT & ADDRESS: Eastern Shore State Hospital Rece	ords
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) Terminal pneumonator of the property of the proper		Interval Between Onset and Death 3 days 42 days
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Sen:	ile psychosis	4 yrs
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
PRIMARY OF CONTRIBUTING OF street, office bldg., etc. INJURY HOSPITAL		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while injury 2-23-55 M.	Slipped and fell.	
22. I hereby certify that I took charge of the remains describe find that both resulted from: Natural causes , Accidental Results of the remains describe find that describe find the describe find that describe find the describe find the describe find that describe find the describe find that describe find the describe find that describe find the		
DATE REC'D BY LOCAL REGISTRARYS SIGNATURE REG. 4-7-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-	THE PROPERTY LOCATION (City, town, or con the property of the control of the cont	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

13

VS. A15A - 5 - 53

a fator Islando etar and attach Track of the same and the same The sand 4///

The

FOR BINDING

MARGIN RESERVED

WITH

OR WRITE

PLEASE TYPE

A15. VS.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

١	CERT	PITTIC	1 4	TITLE	OT	DE	TUT
	URK) A		C PR		. Н

Reg Dist No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:					
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorchester					
CITY (If outside corporate limits, write RURAL or stay and give nearest town) Town Cambridge 3 months	CITY(If outside corporate limits, write RURAL and give nearest town or Town Cambridge /3					
HOSPITAL OR INSTITUTION OR STREET ADDRESSCAMDRIDGE-Maryland Hospital	STREET (If rural give location) / ADDRESS 118 West End Ave.					
DECEASED: (Type or Print) Albert Edgar Mc	Cord 4. DATE (Month) (Day) (Year) OF Apr. 25, 1955 19					
Male 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED. DIVORCED. Aug.19	9. AGE last birthday If UNDER 1 YEAR If UNDER 24 Mrs. Hours Min.					
NOA. USUAL OCCUPATION (Give kind of tops to work done during most of working life, even if retired): Retired Farmer & Carpenter	Bloomingdale, Indiana 12. CITIZEN OF WHATE COUNTRY?					
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:					
James McCord	Sarahlast name unknown					
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:					
(Yes, no, or unk.) (If Yes, give war or dates of service) none	Joseph E.McCord, 118 West End Ave., Camb.Md.					
(0)	rend vascular design schrosis.					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	trophic protate gland.					
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF PERATION	20. AUTOPSY? YES NO					
A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 21c. WHERE DID (Clty or town) (County) (State) INJURY OCCUR?						
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY M. at work at work						
22. I hereby certify that I attended the deceased from 4.16, 1955, to 4.25, 1955, that I last saw the decease alive on 4.25, 1955, and that death occurred at 11;19 M from the causes and on the date stated above. DATE SIGNED 23. BURIAL. CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION with, town, or county) (Staremoval (specify) Burial Apr. 27, 1955 Dorchester Memorial Park Cambridge, Md. PREGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE Kenneth R. Thomas, Cambridge, Md. Address Kenneth R. Thomas, Cambridge, Md.						

DECELVED.

MAY 2 1955

2 V UABRUA

2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

Reg. Dist. No. 110

I. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
MARYLAND MARYLAND	A Service of	sou
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nee	arest town)
TOWN Williamsbully 16 yrd.	TOWN	×
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	/
3. NAME OF (First) (Middle)		ay) (Year)
(Type or Print) Seda Christophen M.	ed of DEATH april 2	9, 1965
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	8. NATE OF BIRTH 9. AGE last birthday II under I yes Months Day	
1)h. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. Cr	TIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Lahn C. Mason	alforma - ? (last rame 4	a known !
15. WAS DECRASED EVER IN U.S. ARMET FORCES? 1 . SOCIAL SECURITY NO.	17 INFORMANT AND ADDRESS	1)
(Nes, nd onunknown) (If yes, give war or dates of service)	Wm. Westerd - Hillandrang,	my -
/ 8. MEDICAL CE	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		TERVAL'BETWEEN
153X () A-+ ()	alsuation (Cas areas atoms)	are with
Immediate cause (a) Medical 8	reputers (Corumon carbina) e	Monter
Antecedent cause(s) Diseases or conditions, If any, (b) Carcerroma	of transverse Colon 6	mo. +
giving rise to the above cause stating the underlying cause last	P. Pinter.	mo. +
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20	AUTOPSY?
		Yes 🗆 No 🔽
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) IIOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
	150 01:100 50	
22. I hereby certify that I attended the deceased from Inuar	1955, to a rul 29, 1955, that I last saw	the deceased
1 = 1 = 1	6 :00 A.m., from the causes and on the date stated	l ohome
alive on	ADDRESS	DATE SIGNED
Sidilation Man	11. 1 h MA 1/2	a /1-1-
MCHarrison 1002	Aurlock, 100. 4/2	7 155
23 BURIAL CREMATION DATE THEREOF NAME OF CEMETE	EHY OR CREMATORY LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL EEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	DDRESS
AK 197966 Charlo Kallings	we to penalle W point of I de	ralshara
7-17		

PLEASE WRITE PLAINLY, WITH LEFFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

age

M

VS. A15

BECEINED

2361 E1 YAM

BUREAU V. S.

03627

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MEDICAL EXAMINER 5 CEI	CHITCHIE OF DEATH NO	******
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Dorchester MARYLAND	STATE Maryland county Dorchester	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fishing Creek LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest to OR TOWN Fishing Creeek	own)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.O.	STREET ADDRESS P.O. (If rural, give location)	1
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)	
	RKS DEATH APRIL 29 19 55	
Male RACE: WIDOWED, DIVORCED, (Specify): Married 7-31	-1893 61 yrs.	Min.
work done during most of work life, even if retired): Vaterman 10b. KIND OF BUSINESS (INDUSTRY: Fishing Indust.	OR II. BIRTIIPLACE (State or foreign country): I2. CITIZEN OF COUNTRY? U.S.A.	WIIAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Zachariah Parks	Sarah Jane Lewis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: (Yes, no, or unk.) (If Yes, give war or dates of service) W.W. Time 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	17. INFORMANT & ADDRESS: Mrs. Nellie C. Parks: Fishing Creek, Md	
	CAL CERTIFICATION INTERVAL BET	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 33/ Immediate cause (a) Cerebral Hemo DUE TO	rrhage ONSET AND I)EATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19m. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPS Yes □ N	
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factor OF street, office bldg., et INJURY)		
ZId. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. M. Work ☐ at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descr		
find that death resulted from: Natural causes M, Acc SIGNATURE	ident [], Suicide [], Homicide [], Undetermined caus CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. [] 4-30-55	NED
REMOVAL (Specify):	CRY OR CREMATORY LOCATION (City, town, or county) (Sta	ate)
Burval 5-1-1955 Dorchester A	lemorial Park Cambridge, Maryland 24. FUNERAL DIRECTOR ADDRES	

UNFADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH age is especially important. A15A - 5 - 53

VS.

BECEINED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03628 Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. ///

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorc	hester
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Brookview LENGTH OF STAY OR this place)	CITY (If outside corporate limits write RURAL and OR TOWN Brockview	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Arrow Aldred T	(Last) 4. DATE (Month) (Day) OF DEATH April 15	(Year) 1955
Male White Specify Married Augus	of Birth: 19. AGE last birthday: IF UNDER 1 YE 129, 1880 74 yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Factory Employee Phillips Packi	ng Co. Caroline Co., Md. U	COUNTRY? S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Tilghman H. Thomas	Mary E. Bowdle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	7.0
No service) 220-10-6174	Mrs. Grace M. Thomas, Rhodesdale,	Md.,R.D.
Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	lusion	Instant
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No X
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc. CAUSE OF DEATH.		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work \(\begin{array}{cccccccccccccccccccccccccccccccccccc	21f. HOW DID INJURY OCCUR?	
22 I hereby certify that I took charge of the remains describ	bed above, held an Autopsy □, Inspection □, dent □, Suicide □, Homicide □, Undeter:	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

APR 21 1955

BUREAU V. S.

13 A 13 2 5 18

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

3630

VS. A15-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18
---	------

CHIMMETER	A FERRES	OT	TATE	FRANCI
CERTIFIC	ATE	O R	т не д	

Reg. Dist. No. 03629

TY(If outside of R OWN Cam TREET DDRESS	2 Henry S 4. DATE OF DEATH D. AGE last bird 60 State or foreign d. NAME:	(Month) H: APRIL thday Ir unor yrs. Monther	(Day) (Day) (Day) (Day) (Day) (Day) (Day)	(Year 195)	/3 / /5 4 Hrs. Min.
ITY (If outside of R Cam) REET COUNTY CAM) IRTH: S RTH: S RTHPLACE (S MARYLANC MOTHER'S MA	2 Henry 2 4. DATE OF DEATH 0. AGE last birt 60 State or foreign d. NAME:	ral give locate Street (Month) H: APRIL thday IF UNO Months yrs.	(Day) 7 ER 1 YEAR 5 Days 12. CITIZ	(Year 195) IF UNDER 2 Hours	/3 / /5 4 Hrs. Min.
RTH: 9 RTHPLACE (S MARYLANA NARRIE H:	2 Henry 2 4. DATE OF DEATH D. AGE last bird 60 State or foreign d NIDEN NAME:	(Month) H: APRIL thday Months yrs. Months	(Day) 7 ER 1 YEAR 8 Days 112. CITI2 COU	195 IF UNDER 2. Hours	4 HRS. Min.
RTH: 9 RTHPLACE (S Maryland MOTHER'S MA Narrie H:	2 Henry S 4. DATE OF DEATH DEATH OF AGE last bird 60 State or foreign d NIDEN NAME:	(Month) H: APRIL thday Months yrs. Months	(Day) 7 ER 1 YEAR 8 Days 112. CITI2 COU	195 IF UNDER 2. Hours	4 HRS. Min.
Maryland Mother's Ma	OF DEATH O. AGE last birt 60 State or foreign d NIDEN NAME:	thday IF UND Wonth	7 ER 1 YEAR 8 Days 12. CITIZ COU	195 IF UNDER 2. Hours	4 HRS. Min.
Maryland Mother's Ma	DEATI D. AGE last bird 60 State or foreign d NIDEN NAME:	thday IF UND Months yrs. Months n country);	Days 12. CITIZ	Hours	Min.
Maryland Mother's Ma	O. AGE last bird 60 State or foreign d NIDEN NAME:	thday IF UND Months yrs. Months n country);	Days 12. CITIZ	Hours	Min.
Maryland MOTHER'S MA	d NIDEN NAME:		COU	ZEN OF NTRY?	WHAT
мотней's ма Narrie H	IDEN NAME:		Uallag		
	ADDITESS.				
. Hattie	Themas	Cambri	idge, I	Maryla	nd
,			ONS		
1/	0		12	din	,
temo	marec			The same of the sa	
parde	ormal	low	1	400	,
	L	rsene	. (1	-
			20	AUTOF	2CV1
IC. WHERE D	City or to	own) (C	County)	(Stat	.e)
. HOW DID II	NJURY OCCU	R?			
25/- to4/7		J. that I	last saw	the dec	eased
M, from th	e causes and		ate state	ed above.	
aux 1	SC // h		// /	133	4 C4 - 4 - 1
((State)
Compte F	uneral Se	ervice			
29	E. WHERE DE LURY OCCUP HOW DID II Soft to the Address LULY I CREMATORY FUNERAL DE COMPTE F	E. WHERE DID (City or to TURY OCCUR? HOW DID INJURY OCCUR? M, from the causes and ADDRESS CREMATORY LOCATION FUNERAL DIRECTOR Compte Funeral So	Enderrale Enderrale	Country occur?	20. AUTOF YES NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE

BECEINED

BUREAU V. S.

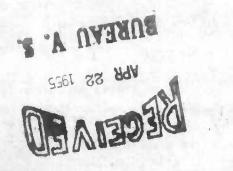
2361 81 99A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3631	CERTIFICATI	E OF DEATH	Reg. Di	st. No. 116
1. PLACE OF DEATH:		2. USUAL RESIDENCE	HOME) OF DECEAS	ED:
COUNTY Dorchester	MARYLAND	STATE Maryland	COUNTY Doro	hester
CITY (If outside corporate limits, write	RURAL LENGTH OF STAY	CITY(If outside corpora		
OR and give nearest town) Cambridge	(in this place) 2 days	Town Toddy	ille	X
HOSPITAL OR INSTITUTION OR CAMBridge M	Maryland Hospital	STREET ADDRESS P.O.	(If rural give location	n) /
3. NAME OF (First) DECEASED: (Type or Print) LIDA		(Last) 4.	DATE (Month) OF ARRIL	(Day) (Year) 14 19 55
5. SEX: 6. COLOR OR 7. SINGI RACE: WIDO (Species	WED, DIVORCED.		66 yrs. IF UNDER Months	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	Own Home	11. BIRTHPLACE (State of Maryland		COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAIDEN	NAME:	
Millard Mer	edith	Georgia Me	redith	
S. WAS DECEASED EVER IN U.S. ARMED FORCES		17. INFORMANT & ADD	RESS:	
(Yes, no, or unk.) (If Yes, give war or date of service)	none	Mrs. Hobart Mill	s: Toddville.	Maryland
IMMEDIATE CAUSE ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Cutere DUE TO (C) Harrier	nderoris		7
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING	CONTRIBUTING O THE			
19a. DATE OF OPERATION: 19b. MAJO	OR FINDINGS OF OPERATION	V		20. AUTOPSY YES NO
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, fac OF INJURY street, office bldg.,	etc. INJURY OCCUR?	ity or town) (Cou	inty) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work at work	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended		19 to 7/4		
alive of 190, a	and that death occurred at	ADDRESS	ses and on the date	ATE SIGNED
1 Jan	M M	.D. Camering		113103
23. BURIAL, CREMATION. DATE THE REMOVAL (SPECIFY) Burial	NAME OF CEMET	ERY OR CREMATORY	CATION (City, town, ambridge, Mar	. 1.

MARGIN RESERVED FOR BINDING PL

10 A15 VS.



PLEASE TYPE OR WRITE PKAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BAI	MORE, 18
---	----------

John Mace. m.D.

03631

3632 C	ERTIFICAT	E OF DEAT	Reg.	Dist. No. 116
1. PLACE OF DEATH: county Dorchester	MARYLAND	N. S. J. Co. S. L. Sall and C.	and county Do	
CITY (If outside corporate limits, write RUF and give nearest town) 73 TOWN Cambridge		OP -	corporate limits, write RUR pridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 302 Race Street		STREET ADDRESS 302	(If rural give local) Race Street	tion)
S. NAME OF (First) DECEASED: (Type or Print) PAULA MA	(Middle) CKENZIE T	(Last)	4. DATE (Month) OF APRI	(Day) (Year) L 28 19 55
5. SEX: 6. COLOR OR 7. SINGLE. M			O. AGE last birthday tr und Month	ER 1 YEAR IF UNDER 24 HRS.
norm of maximals.	KIND OF BUSINESS OR INDUSTRY:	Scotland	State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:	
John Mackenzie		Not Know	m	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	6. SOCIAL SECURITY NO. 212-10-4571	Mr. Goodman	ADDRESS: Todd: Cambridge	. Maryland
STATING UNDERLYING CAUSE LAST.	A) Carcinomo E TO B) E TO C) TRIBUTING E	. y lef ovan	j E metastasis	ONSET AND DEATH
agnil 1950 Cascinon		my with m	utastasis	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH OF IT	PLACE (Home, farm, fac NJURY street, office bldg.	etory, 21c. WHERE D		County) (State)
OF INJURY M. s	1E INJURY OCCURRE Vhile Not while t work st work			
22. I hereby certify that I attended the alive on agra 28, 1955, and the signature R. Maryanov	hat death occurred at	S=A-M, from th	e causes and on the de	last saw the deceased ate stated above. DATE SIGNED 5/2/3-3-
23. BURIAL CREMATION, DATE THEREOF REMOVAL (SPECIFY) Burial 4-30-1959	NAME OF CEMET	ERY OR CREMATORY	Cambridge, Ma	

BUREAU V. S.

SGGI 6 AV

DECENEE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	Ē	CERTIFICATI	E OF DEATH Reg. Dist.	No. 115
grow he	y.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
Va	carefully legibly.	COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dor.	
JAN .	leg	COUNTY	CITY(If outside corporate limits, write RURAL a	
DV	tion	CITY (If outside corporate limits, write RURAL of STAY and give nearest town) Town Crapo LENGTH OF STAY (in this place) Town years	or town Crapo	X
	m of informat death clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural	STREET (If rural give location) ADDRESS Rural	1
	of in		(Last) 4. DATE (Month) (In the control of DEATH: Apr. 12,	1955 19
	item	Female White Specify): Widowed Unkn	OF BIRTH: 9. AGE last birthday Months D	ays Hours Min
5 N	causes	OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWITE	Golden Hill, Md.	COUNTRY?
OR BINDII IK. Supply write the		13. FATHER'S NAME: Robert Smith	14. MOTHER'S MAIDEN NAME: Margaret Willey	
		(Yes, no, or unk.) (If Yes, give war or dates of service) 18. Social Security No.	Mrs. Ruby Wingate, Crapo, Md	1.
. 61		18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HHAX		INTERVAL BETWEE
RESERVED	UNFADING sicians: plea	IMMEDIATE CAUSE (A) DUE TO	1 Hemorleage	1 month
		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) (C)	n3, aluir Renal Vacant	10 yes
MAF	AINLY, WITH important. Phy	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	none	
	7	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSYT
(1)	/RITE PI especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (Count INJURY OCCUR?	y) (State)
	E 100	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	E OR	22. I hereby certify that I attended the deceased from .		
10 - 53	TYP	alive on	ADDRESS	stated above. E SIGNED
	EASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ery or crematory Location (City, town, or ilv Cemetery Church Creek	county) (Stat

Kenneth R. Thomas Cambridge, Md.

REGISTRAR'S SIGNATURE & ams W. Meade

DATE REC'D BY LOCAL REGISTRAR



BUREAU V. S.

The state of the same

03633

	Ē	3033	CERTIFICATI	OF DEAT	H Reg. Di	st. No. 116
2	ally.	1. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF DECEAS	ED:
Uj	carefull legibly.	COUNTY Dorchester	MARYLAND	STATE Maryl	and county Do	orchester
	every item of information carefully auses of death clearly and legibly.	CITY (If outside corporate limits, write and give nearest town) TOWN Cambridge			rporate limits, write RURAI	and give nearest town
	em of informat death clearly	HOSPITAL OR PINSTITUTION OR STREET ADDRESS Cambridge Ma	aryland Hospital	STREET ADDRESS 304	(If rural give location) Washington Stree	
	of infath cl	3. NAME OF (First) DECEASED: (Type or Print) CINDY	((Last) LIEY	4. DATE (Month) OF DEATH: APRIL	(Day) (Year) 1 19 55
	item of de	5. SEX: 6. COLOR OR 7. SINGLE	VED, DIVORCED.		AGE last birthday IF UNDER Months YFS.	Pays Hours Min.
57		IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	OB. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (Stand	ate or foreign country): 1;	2. CITIZEN OF WHAT COUNTRY? U.S.A.
DIO	pply the	13. FATHER'S NAME:		14. MOTHER'S MAII	DEN NAME:	
BINDING	Supply te the c	L. Henry Willey		Velma Lee		
E P	. 'E	15. WAS DECEASED EVER IN U.S. ARMED FORCEST	18. SOCIAL SECURITY No.	17. INFORMANT &		
FOR	G INK	(Yes, no, or unk.) (If Yes, give war or dates no of service)	none	L. Henry Wi	lley : Cambridge	e, Maryland
RESERVED	ITH UNFADIN Physicians: pl	I DISEASES OR CONDITIONS DIRECTLY 754 IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(A) Conge DUE TO (B) Congenit DUE TO (C)	stion Head die	st Foilur ever, type huhu	36 lyws.
MAR	~ 8	II OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING	O THE WAY	er respira	toy repetion	2 days
	7		R FINDINGS OF OPERATIO	N		20. AUTOPSY?
(-	PRITE PI	OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, fac OF INJURY street, office bldg.	etc. INJURY_OCCUR?		unty) (State)
	15	OF INJURY M.	While Not while at work at work			
415 — 10 - 53	LEASE TYPE OR correct age is	22. I hereby certify that I attended alive on	nd that death occurred at	4. J.A. M, from the ADDRESS D. CREWLE ERY OR CREMATORY	causes and on the dat	te stated above. DATE SIGNED 4-6-7-7 or county) (State
1				I as summer at Dir	DECTOR	ADDRESS

VECEDAED SEC

BUREAU V. S.

VS. A15

The corpect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03634

Reg. Dist. No. 116

COUNTY Dorchester MARYLAND	STATE Maryland COOTChester
CITY (If outside corporate ilmits, write RURAL and LENGTH OF STAY 3 OR give nearest town) (in this place) TOWN Cambridge	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna - Rural
HOSPITAL OR INSTITUTION OR Cambridge - Maryland Hospital	STREET (If rural, give location)
3. NAME OF (First) (Middle) DECEASED (Type or Print) Elizabeth B.	(Last) 4. DATE (Month) (Day) (Year) Wongus OF DEATH April 14 1955
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	June 12, 1880 74 yrs. If under 1 year If under 24 hrs Months Days Hours Min.
done during most of working life, even if retired) Housework 10b. Kind of Business on Industry Housework	Vienna, Maryland, R.F.D. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Camper 15. Was Deceased Ever In U.S. Abmed Forces? 16. Social Security No.	14. MOTHER'S MAIDEN NAME Annie Chase 17. INFORMANT AND ADDRESS
(Yes, no, or unifown) (If yes, give war or dates of service) 213-14-7245	Mrs. Irene Pinder, Vienna, Maryland
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	tic heart disease
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY or At work	HOW DID INJURY OCCUR?
	m, 1954, to 14 Acil., 1955, that I last saw the deceased of the date stated above. ADDRESS DATE SIGNED ADDRESS 14 April 55 RY OR CREMATORY LOCATION (City, town, or county) (State) The Cemetery Near Vienna, Maryland 124. FUNERAL DIRECTOR ADDRESS
REG. 4-17-55 John Mace Jr. M.D.	J.J. Framptom and Son, Federalsburg, Md.

